

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

PAID BY

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

SAPC 24553

COPY 1 OF 2

To

(Payee)

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				10,508	24

Use continuation sheet(s) if necessary

PAYMENT:

Complete ☐
 Partial ☐
 Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$10,508.24

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences

Date 2/10/58

*Payee

required when a like certificate is made by payee on attached bill or bills)

Per

Title

Amount verified; correct for
 (Signature or initials)

10,508.24

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
 Cash, \$ _____, on _____, 19____ Payee _____
 (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given in full in the space provided. If the company is "John Doe Company, per John Smith, Secretary", or "Treasury", as the case may be.
 † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010169-9

Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 2026

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> Costs applicable to All Systems					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 1/1 thru 2/2/58					
		STATINTL					
		STATINTL					
		Research & Development					
							Total
		Labor for the period 1/1 thru 2/2/58 JV 018007					
		Overhead computed for Communications Division at interim rates as follows: Research & Development -					
		Other Costs - Per schedule attached					
		Total Labor, Overhead and Other Costs					
		G & A expense computed at interim rate of					
		Total Costs					\$ 10,508.24
		STATINTL					

Sheet 1
1/26/58

WEEKLY DET DISTR

32 01 21 8 56782 43290 2 14 539
32 01 21 8 DM-1395 43290 2 14 539

50 25 29 00 12501 5047 01 1
50 25 29 00 12501 5047 01 1

2760
100-
2660 *
2660 **
2660 ***

Sheet

BATCH NO DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE 01/21/57 SO	DISTR AMT
99 01 14 8	1149	1078	1374	58	252900	12501	5047	10	200.00 200.00 *

Pg 1

Total \$ 200.00